
King/Drew Medical Center



Summary of Final Report

Presented by: Navigant Consulting, Inc.

January 31, 2005

Governance

- It is clear that the historical **KDMC governance process has been ineffective in ensuring quality health care** and resolving operational issues.
- The **KDMC governance structure lacks independence** and does not receive accurate and timely management reports. Further, there is an absence of management and physician leadership accountability, resulting in a failure to maintain high quality patient services.
- A governance structure should be created to overcome these obstacles. Such an **oversight body must be empowered to make change and must remain independent from the political interference** experienced in the past.
- While the **long term solution** of the creation of a **health authority** is being considered, an interim step is needed to immediately place KDMC under the governance of a more independent and knowledgeable board.
- The Board of Supervisors should **immediately designate the KDMC Advisory Board as the entity responsible for oversight of KDMC**, including the responsibility to oversee the clinical and educational programs of KDMC, reporting to the Supervisors on at least a quarterly basis.
- The Board of Supervisors should **delegate to the KDMC Advisory Board the authority to act as the governing body** for all functions required in JCAHO, CMS & licensure regulations.

Governance – Advisory Board Membership

- As soon as feasible, *membership of the KDMC Advisory Board should be expanded and its responsibilities clearly delineated to enable it to fulfill its critical governance role* on behalf of KDMC. The expanded membership of the Board should include:
 - Three (3) ex officio members with vote (Dean of Drew School of Medicine; President of the PSA; and Director of DHS)
 - The KDMC CEO as ex officio member, without vote
 - Three to seven (3-7) additional members who have demonstrated expertise and experience in finance, business, hospital or clinic management, health plan administration and/or health and public policy. The members so appointed should have a clear commitment to the provision of high quality health care to underserved populations.
 - The Advisory Board should also develop a process to insure participation and ongoing input from the communities served by KDMC.
 - Initial appointments to the Advisory Board should be for three-year terms. In its first year, the Advisory Board should develop a succession plan.

Governance – Advisory Board Responsibilities

- The **KDMC Advisory Board** *should be responsible to review*, assess and make recommendations concerning, but not limited to, the following critical areas:
 - **Quality of care**, patient safety, clinical outcomes, malpractice experience, patient satisfaction and compliance with regulatory and accreditation requirements
 - **Medical staff credentialing**, peer review, privileging and reappointment processes
 - **Affiliation Agreement** terms and conditions to assure that involved parties clearly commit to the dual mission of patient care and teaching at KDMC and that expectations are clarified with respect to the scope of clinical and academic services to be provided; physician staffing levels, time allocations, and time reporting methodologies; and medical accountability for individual and collective physician performance related to the quality of medical services
 - **Graduate medical education programs** to include residency supervision, adherence to Residency Review Committee and ACGME program requirements, adequacy of clinical experience and opportunities to strengthen programs through collaboration with other academic medical centers and/or schools of medicine
 - **Definition of programs and services** consistent with available resources, community needs and KDMC's clinical and academic missions

Governance – Advisory Board Responsibilities

- Development of a **Strategic Plan**, capital facilities plan, five-year financial plan and operating budget, including a requested appropriation from the Board of Supervisors to meet the current operating and capital needs of KDMC consistent with its mission and vision.
- Development of an **Information Technology Plan** consistent with KDMC clinical and business strategy
- **Financial performance** consistent with annually approved operating budget and productivity standards, as well as expense reduction, clinical resource management and revenue cycle initiatives
- **Oversight of hospital business practices**, policies and procedures that influence the quality of care and/or impede efforts to provide care in the most cost effective manner possible
- **Appointment of KDMC executives** including recommendation of an individual to serve as the permanent KDMC chief executive officer (CEO).
- **Human Resources** with respect to recruitment and retention, market driven compensation and benefits, labor contract terms and conditions, employee training and orientation, supervisor/employee relations, management development, performance evaluations and worker's compensation experience
- Recommendations for **specific relief from County policies and procedures** which impede management's efforts to provide high quality, cost effective clinical services
- Oversight of the interim management and implementation services provided by Navigant Consulting, Inc.

Programs and Services - Updates

- **Restoration of a trauma** capability could be considered after significant enhancement of essential organizational and service issues are met and reestablishment support requirements for surgical resident resources.
 - To manage a trauma center, ***the standard of care would typically include a surgical residency program with on site coverage 24/7.***
 - In addition, the level of trauma service is determined by the on site and on call availability and depth of surgical and surgical subspecialty capability as well as the depth and breadth of ancillary supports, e.g. ***immediately available angiography which is currently a challenge.***
 - Given the current regulatory situation, re-establishment of a surgical residency ***could not realistically occur before July, 2006, perhaps later.***
- Collaborate with Surgery to recruit a pediatric surgeon to support higher levels of care in the NICU and PICU.
 - ***Downgrade NICU from Regional to Community NICU.***
 - Assess the severity of illness in the ***PICU to determine if it should be an intensive or intermediate care unit.***

Ambulatory Services – Key Findings

- The ***ambulatory care organization is fragmented***, with the nurse manager of KDMC reporting to the CNO, the interim ambulatory care administrator reporting to the COO, the Interim CEO of Hubert H. Humphrey Comprehensive Health Center (HHHCHC) reporting to the CEO.
- The ***availability of primary care services does not meet the community medical needs***.
- ***Most clinics use block scheduling resulting in excessive wait times for registration and being seen by a physician***. Block scheduling needs to be eliminated:
 - As an example, 4M had 63 patients scheduled for 12 noon with only one registration clerk. It took 2.5 hours to register all the patients.
 - There are lengthy wait times and patients line the hallways for hours without a place to sit.
 - Patients routinely fight in the clinical area because they are so overcrowded.
 - Patients are asked to reschedule appointments when the doctor does not get to them during the clinic session
 - There is a high no show rate with minimal strategy apparent for addressing.
- ***The ambulatory system is not patient-friendly:***
 - Patients have to jump through hundreds of hoops to get anything accomplished.
 - 3G patient medication refill requests require the patient to come to the clinic to pick it up. They do not mail prescriptions or call in refills.
 - Patient flow is driven by what is convenient to nurses and physicians, not what is convenient to patients.
 - Patients are not provided with a minimally acceptable level of service related to wait times, space and accommodations, privacy and resolution to problems by clinic staff.
 - Hispanic patients are often seen without appropriate interpreters.

Ambulatory Services – Key Findings

- There are *many facility and equipment issues in ambulatory*.
 - Physicians do not always have at least 2 exam rooms to see patients in.
 - Exam rooms are not always supplied with the appropriate medical supplies.
 - There is no systematic planning to match clinic service “supply” to patient demand.
- There are *Human Resource issues*, for example:
 - It is felt that some physicians do not routinely spend 40 hour a week on site when they are considered full time.
 - The staffing needs of these clinics cannot be determined because there is no accurate data currently available to determine the staffing or activity level in ambulatory care.
 - There is a feeling of helplessness in dealing with Human Resource and personnel issues. Staff have been “cascaded” through the system. One department reports having three out of five employees transferred to that department as a result of performance issues in another department.
- *KDMC policy on Supervision of Residents is incongruent with CMS guidelines.*

Measurement and Tracking

- *A Results Management Office will be established to provide discipline and a structured tracking and measurement critical to the success the Implementation Plan.*
- *Each Recommendation has a Workplan* that was developed in collaboration with key KDMC Leadership. The Workplan components include:
 - Time frame for each Recommendation
 - Action Steps
 - Accountable person for each Action Step
 - Due Date for each Action Step
 - Required technology/equipment needs
 - Implementation Risks Identified
- *The Workplan should be considered a “living” plan.* It will be updated to reflect changes in course deemed appropriate. Timelines however, will not be changed without agreement of the CEO and COO.
- *Each Action Step will be reviewed at their due date to ensure completion.* Any Action Steps that are not achieved will be ‘flagged’ and a remediation plan identified and executed.

Measurement and Tracking

- *Three sub groups composed of select KDMC, DHS and LAC will meet regularly to support completion of the Action Steps.*
 - Human Resources
 - Facilities and Equipment
 - Technology
- The *Human Resource Group* will assist with the following:
 - Performance evaluation and management process
 - Management training and organizational development
 - Monitoring of regulatory compliance
 - Employee relations including grievance remediation
 - Recruitment and retention
 - Provision of operating report and data
 - Development of KDMC policies and procedures
 - Classification
- The *Facilities/Equipment Group* will assist with the identification, planning and implementation of facility changes. This group will also identify and expedite acquisition of specific equipment needs.
- The *Technology Group* will support and coordinate technology required to execute the plan. In addition the group will assist in the tracking of the performance measures.

Measurement and Tracking

Summarized Section and Recommendations by time frame

Section	Section Description	Sub-Section	Sub-Section Description	Urgent	Short-term	Intermediate	Long-term	N/A	Total
1	Introduction								
2	General Ops/Org Structure	1	Governance	5	5	4			14
		2	Management/Structure	6	9				15
		3	Risk Management	2	13	5	1		21
		4	Regulatory	16	7				23
		5	Performance and Quality Improvement	9	43	2			54
		6	Infection Control	15	10				25
		7	Budget		2	6	3		11
		8	Productivity	2	5				7
		9	Space Planning	3	1	1			5
		10	Environment of Care	6	8				14
		11	Facilities Management	1	5	3	1		10
		12	Materials Management	1	12				13
		13	Contracted Services	6	8	1			15
	General Ops/Org Structure Total			72	128	22	5	-	227
3	Clinical Organization	1	Case Management and Utilization	4	25	13	4		46
		2	Capacity and Throughput	11	20	4	1	12	48
		3	Emergency Services	4	34	11	6		55
		4	Perioperative Services	13	23	8			44
	Clinical Organization Total			32	102	36	11	12	193
4	Medical Administration Total			14	17	54	35		120
5	Nursing Services Total			13	33	27	2		75
6	Psychiatric Services Total			18	19	6			43
7	Information Technology Total			4	10	4			18
8	Health Information Management Total			21	38	6	3		68
9	Human Resources Total			8	16	5			29
10	Ancillary Services	1	Radiology	7	13	3			23
		2	Laboratory/Pathology	21	26	4	4		55
		3	Pharmacy	19	5	1	6		31
		4	Electrodiagnostics					21	21
	Ancillary Services Total			47	44	8	10		130
11	Ambulatory Services Total							100	100
12	Programs and Services Total							49	49
Grand Total				229	407	168	66	182	1,052

Transportation (included in Capacity and Throughput), Electrodiagnostics, Ambulatory Services, and Programs and Services do not have distinctive time frames due to the timing of assessment and/or the nature of the section.

Measurement and Tracking

Sample Workplan

Section:
Initiative:
Initiative Lead / NCI:
Initiative Lead / KDMC Mgmt:
Initiative Lead / KDMC:

II - General Operations/Organizational Structure
II.9. Space Planning
L. McAuley
L. McAuley
M. Henderson

Status Update Through:
Overall Initiative Status:

2/1/05
Enter overall initiative status/comments here.

Workplan						
Time Frame	Rec. #	Recommendation	Action Step #	Action Steps	Accountable Person	Due Date
Urgent	2.9.01	Develop a comprehensive summary of facilities needs and issues (by department) and prioritize them.	1	Complete listing of needs through surveying of each department	M. Henderson	3/1/05
Urgent	2.9.01	Develop a comprehensive summary of facilities needs and issues (by department) and prioritize them.	2	Develop initial prioritization based on Urgency and timing - Supportive of strategic goals - Life safety corrections - Return on investment potential - Improved functional/operational efficiency - Patient comfort/confidentiality - Quality improvements - System breakdown avoidance Present to Committee for input and approval	M. Henderson	3/30/05
Urgent	2.9.01	Develop a comprehensive summary of facilities needs and issues (by department) and prioritize them.	3	Present to Committee for input and approval	M. Henderson	4/15/05
Urgent	2.9.01	Develop a comprehensive summary of facilities needs and issues (by department) and prioritize them.	4	Develop timelines, cost estimates and plans for each approved initiative	M. Henderson	5/15/05
Urgent	2.9.01	Develop a comprehensive summary of facilities needs and issues (by department) and prioritize them.	5	Initiate projects, monitor progress, and report to Committee as appropriate	M. Henderson	6/15/05
Urgent	2.9.02	Identify critical space requirements and implement remediation plan for areas such as outpatient pharmacy.	1	Create short list based on patient/employee safety	M. Henderson	2/2/05
Urgent	2.9.02	Identify critical space requirements and implement remediation plan for areas such as outpatient pharmacy.	2	Identify solutions and approach for relocation/remediation	M. Henderson	2/7/05
Urgent	2.9.02	Identify critical space requirements and implement remediation plan for areas such as outpatient pharmacy.	3	Develop timeline and monitor progress toward solution of critical needs for relocation/remediation	M. Henderson	2/28/05

Measurement and Tracking

- Sample Workplan Status Update

KDMC Workplan Status Update Through 2-11-05

Section	Sub-Section	Status Update	Overall Status
II - General Ops/Org Structure	II.1. Governance		Yellow
	II.2. Management/Structure		Green
	II.3. Risk Management		Yellow
	II.4. Regulatory		Green
	II.5. Performance and Quality Improvement		Green
	II.6. Infection Control		Red
	II.7. Budget		Yellow
	II.8. Productivity		Green
	II.9. Space Planning		Green
	II.10. Environment of Care		Green
III - Clinical Organization	II.11. Facilities Management	Sample Format: The "overall status" does not reflect actual status.	
	II.12. Materials Management		
	II.13. Contracted Services		
	III.1. Case Management and Utilization		Red
IV - Medical Administration	III.2. Capacity & Throughput		Yellow
	III.3. Emergency Services		Green
	III.4. Perioperative Services		Yellow
	III.5. Transportation		Yellow
			Green
V - Nursing Services			
VI - Psychiatric Services			
VII - Information Technology			
VIII - Health Information Management			
IX - Human Resources			
X - Ancillary Services	X.1. Radiology		
	X.2. Laboratory/Pathology		
	X.3. Pharmacy		
	X.4. Electrodiagnostics		
XI - Ambulatory Services			
XII - Programs and Services			

Measurement and Tracking

- In addition to tracking the status of the recommendations and workplans, ***we will measure outcomes.***
 - Each of the Sections identifies Performance Measures to objectively measure progress toward performance targets.
 - A plan will be created to prioritize the rollout of these measures based on the timing of the action steps, importance and data availability.
- ***An organizational compass will be developed*** consisting of key indicators for the overall plan. In addition there will be compasses for specific areas I.e. Perioperative.
- Navigant will identify and train personnel in project management, measurement and monitoring and integrate RMO responsibilities to the organization.
- ***Status of the recommendations, workplans, performance measures and results will be reviewed with the KDMC Senior Staff, Advisory Board, Board of Supervisors and regulatory bodies.***
- Status updates will be reviewed with KDMC Senior Staff every other week. This group will provide the oversight and management of the plan. This group will also serve as a discussion forum for interdependencies and synchronization of action steps in the workplan. They will review all performance variance in actions steps due that week for completion and discuss risks and issues with future actions steps.
- ***Status updates will be reported to the newly created KDMC Advisory Board and the Board of Supervisors monthly*** and will include the following:
 - Overall status of progress by Section.
 - Measurement of Key Performance Measures.
 - Areas of performance variance and corrective action plans.
 - Identification of implementation risks.